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Treatment of Victims of Child Sexual Abuse: Four Phases

Synopsis

Treatment for victims of child sexual abuse proceeds according to four phases, from acknowledgment through to post-trauma transition. The author outlines therapy and strategy at each phase and concludes with a recommendation about how community members can assist the process.

About the Author

Ann Wolbert Burgess, RN, DNSc. is an internationally recognized expert on the treatment of trauma and abuse and a Professor in the Connell School of Nursing at Boston College. The recipient of such honors as the Sigma Theta Tau International Audrey Hepburn Award and the American Nurses Association Hildegard Peplau Award, Burgess was most recently van Ameringen Professor of Psychiatric Mental Health Nursing at the University of Pennsylvania. She teaches courses in Victimology, Forensic Science and Crime and Justice.

Professor Burgess was a co-founder,with Prof. Lynda Holmstrom of the Boston College Sociology Department, of one of the first hospital-based crisis counseling programs at Boston City Hospital. She later worked with FBI Academy special agents to study serial offenders, and the links between child abuse, juvenile delinquency and subsequent perpetration.

In the aftermath of child sexual abuse, how does healing begin? What contributions must parents, family and therapists make to the recovery process? What do we know about the routes victims travel as they move to recovery?

Research suggests that recovery from child sexual abuse occurs in phases. An example of a "best practice" treatment program that works with a phase model is the Trauma Program of the Arbour Health System in Brookline, Massachusetts, directed by the psychiatrist Bessel van der Kolk. The Arbour approach to treating and assessing traumatized children, adolescents, and adults is based on the phase-oriented approach that is described by multiple experts in the field of trauma (Herman, 1992; van der Kolk, 2000). In essence, the phases are focused on four stages of treatment: acknowledgment, safety and competency, processing the trauma, and transitioning.

Phase One: Acknowledgment

Treatment begins with what the child (or survivor) and family can acknowledge about what has happened in the person's life. Often the survivor, parents, and siblings may be at different points in being able to acknowledge what has occurred. It is also important at this early stage to assess exposure to a wide variety of events. What a victim feels may be the worst to have happened might be considered minor to other people. For example, being photographed nude by the offender may cause more anxiety and fear than the sexual acts.

Phase Two: Establishing safety and building a sense of competency

After the assessment and acknowledgment phase, the second phase focuses on establishing safety. This has two aspects, one external and one internal. With boys, work is done on external safety through parent consultation and collaboration with the Department of Social Services, because no child gets better when in danger. Next there is concentration on internal safety by helping the boy develop tools and skills for mood regulation, behavioral control, anger management, self-care, safety awareness, as well as identifying areas of competence and self-esteem . This phase is ongoing and should be continued with the supplement of school teachers, after-school activities, and extended family. Social network support helps to strengthen the boy's internal controls. School teachers provide important feedback for the boy's developing skills in building self-esteem.

Phase Three: Processing the trauma

From this solid base, treatment then emphasizes the work of processing the trauma. Various modalities are used including play therapy, art therapy, cognitive and behavioral techniques, and EMDR (eye movement desensitization reprocessing) to accomplish this third phase. With boys, this phase may have to be done in manageable chunks over time. This treatment is managed on an out-patient basis.

Phase Four: Transition beyond the trauma

After the core of the traumatic experiences has been neutralized, the work centers on helping the child and family move from a focus on the trauma to the current normative developmental tasks, e.g., making friends, doing well at school, developing one's identity and future. Boys learn that their traumatic suffering is only a piece of who they are, and they are helped to integrate their thoughts, feelings, and experiences. For boys, adolescent and adult males, a short-term psychoeducational group therapy model is recommended (Isley, 1992). An important treatment issue in male victimization evolves around blame. Studies suggest that the older the boy when victimized, the less likely he was to blame the perpetrator; the more coercive the abuse, the greater the likelihood the boy would blame himself for what happened (Quinn, 1999).

In summary, therapy is only one part of the recovery process. Boys need as many positive experiences as possible to mitigate the harm of the past abuse. We encourage those interested in helping young people who have been traumatized to contact their local mental health treatment centers for volunteer assignments.

For further reading

Herman JL. Trauma and Recovery, New York: Basic Books;1992

Isley PJ. A time-limited group therapy model for men sexually abused as children. Group. 1992;16(4):168-183.

Quinn KM. Unseen and unheard: Male victims of sexual assault. Coalition Commentary, Springfield, IL: ICASA;1999.

van der Kolk B. Post Traumatic Stress Disorder. In Friedman, Kaplan & Sadock: Comprehensive Textbook of Psychiatry. New York: Williams & Wilkens;2000.